

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am  
Secretary of State

04-23-2001 90107 033 \*\*\*150.00

DOCUMENT # P94000009886

1. Entity Name

21 CENTURY AUTOMOTIVE REPLACEMENT CORP.

Principal Place of Business

9115 NW 105TH CIRCLE  
MIAMI FL 33178

Mailing Address

9115 NW 105TH CIRCLE  
MIAMI FL 33178

2. Principal Place of Business

7600 NW 68th Street

3. Mailing Address

7600 NW 68th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0485696

Applied For

Not Applicable

Zip

Country

Zip

Country

33166

Dade

33166

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARTWELL, JOHN E  
3640 SW 185TH AVE  
MIRAMAR FL 33029

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT  
NAME TAMAYO, ARLES  
STREET ADDRESS 5551 NW 72ND AVE.  
CITY-ST-ZIP MIAMI FL 33186 ☒ Delete

TITLE VPS  
NAME TAMAYO, TERESA  
STREET ADDRESS 5551 NW 72ND AVE.  
CITY-ST-ZIP MIAMI FL 33186 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE PD  
NAME John E Hartwell  
STREET ADDRESS 3640 SW 185th Avenue  
CITY-ST-ZIP Miramar, FL 33029 ☐ Change ☒ Addition

TITLE STD  
NAME Linda Hartwell  
STREET ADDRESS 3640 SW 185th Avenue  
CITY-ST-ZIP Miramar, FL 33029 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-01

305-885-1429

CR2E034 (10/00)